

NATIONAL STAGE PROCESSING BRANCH  
DO/EO FEE SHEET

09/763687

~~09/763687~~

SERIAL NUMBER :

DATE FORWARDED TO FINANCE BRANCH :

4/18/01

☐

CHECKS ONLY

☐

CHECKS AND CHARGES ENCLOSED

☒

CHARGES ONLY ENCLOSED

☐

REFUND APPROVAL NEEDED

☐

CORRECTIONS :

☐

CHECK

☐

CHARGE

☐

CHECK & CHARGE

FROM : DO/EO NATIONAL STAGE PROCESSING BRANCH

ATTN: \_\_\_\_\_

Keren Williams  
National Stage Processing  
(703) 305-3688

(Name and phone number of person forwarding file to Finance)

PLEASE KEEP THIS SHEET ATTACHED TO THE FILE, AND  
RETURN TO DO/EO AFTER APPROPRIATE ACTION HAS BEEN TAKEN.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/263867

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	5 minus 20=	
INDEPENDENT CLAIMS	2 minus 3=	
MULTIPLE DEPENDENT CLAIM PRESENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	500		BASIC FEE	
XS 9=			XS18=	
X40=			X80=	
+135=			+270=	
TOTAL	500		TOTAL	

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20 Minus	20	=
Independent	3 Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
XS 9=			XS18=	
X40=			X80=	
+135=			+270=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

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	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20 Minus	20	=
Independent	3 Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
XS 9=			XS18=	
X40=			X80=	
+135=			+270=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus		=
Independent	Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
XS 9=			XS18=	
X40=			X80=	
+135=			+270=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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